

GEORGIA STATE BOARD OF BARBERS  
237 COLISEUM DRIVE  
MACON, GEORGIA 31217-3858  
TELEPHONE: 478-207-1430  
FAX NUMBER: 478-207-1442  
[WWW.SOS.STATE.GA.US](http://WWW.SOS.STATE.GA.US)

**APPLICATION FOR BARBERSHOP LICENSE**

Please become familiar with the laws and rules that govern the specific areas for which you are seeking licensure. This information is available on our website at: [http://www.sos.state.ga.us/ebd-barber\\_cosmet/](http://www.sos.state.ga.us/ebd-barber_cosmet/)

**\*\*\*Please be aware that a Barbershop License is NOT the same as a business license. Please contact the city or county in which you are establishing your shop to obtain a business license. A barbershop license is required pursuant to O.C.G.A. §43-7-12. In order to be in compliance with the law, you must have the actual license issued by the Board in order to open a shop. A copy of the application and payment sent will not be viewed as an acceptable substitute for a shop license. Anytime a shop moves, changes the name, address, or owner(s) a new application and processing fee of \$75.00 must be submitted.**

Please complete the application and return to the State Board Office.

PLEASE READ ALL INSTRUCTIONS CAREFULLY. Typing is preferred or legible printing in blue or black ink (do NOT use pencil). Incomplete or incorrectly completed forms will be returned. Allow at least 4-6 weeks for the processing of your application. All fees are non-refundable.

Application fee: To obtain a Barbershop License you must submit this completed application along with a processing fee of \$75. The payment of the fee may be made either by check or money order payable to the Georgia State Board of Barbers. DO NOT SEND CASH OR COUNTER CHECKS! THIS PROCESSING FEE IS NON-REFUNDABLE. Checks returned for insufficient funds are subject to a \$30.00 service charge pursuant to O.C.G.A. §16-9-20.

FYI: Apprentices in Shops: A separate apprentice application must be submitted in order to train an apprentice in a particular shop. Each Barbershop may allow only one apprentice to train under a license Barber per shop. A licensed master barber may train only one apprentice at a time and must have held a license for at least 18 months. If an apprentice during apprentice training change the master barber or the Shop, then a new apprentice application and processing fee must be submitted to the board office. An apprentice cannot train in a Shop if the master barber (trainer) is not present. All apprentice training hour records must be submitted quarterly. Apprentice training records must be available in the Shop upon inspection. It is the responsibility of the master to maintain accurate records for the apprentice. Failure to submit these records in a timely manner may result in a delayed or denied application for examination.

For Office Use Only

Date Issued: \_\_\_\_\_

License Number \_\_\_\_\_

Remittance Number: \_\_\_\_\_

Issued by: \_\_\_\_\_  
(initials)

**GEORGIA STATE BOARD OF BARBERS**

**237 COLISEUM DRIVE**

**MACON, GEORGIA 31217-3858**

**TELEPHONE: 478-207-1430**

**FAX NUMBER: 478-207-1442**

[WWW.SOS.STATE.GA.US](http://WWW.SOS.STATE.GA.US)

**BARBERSHOP LICENSE APPLICATION**

PLEASE INCLUDE A NON-REFUNDABLE PROCESSING FEE OF \$75.00

Shop Name: \_\_\_\_\_  
Please print clearly. Shop name will appear on license as submitted.

Shop Physical Address: \_\_\_\_\_  
Number and Street Suite Number (if applicable) City/State Zip Code  
(P. O. Box is not acceptable.)

Shop Mailing Address \_\_\_\_\_  
Number and Street City/State Zip Code  
(If you are granted a license, your name, mailing address and license number become public information and will be posted on the Secretary of State's website. The mailing address is used for renewal notices and application processing.)

Shop Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Owner: \_\_\_\_\_ (\*Additional owners may be listed on page 2. )

Owner's SSN or Federal Employee Identification #: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: Day \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Evening \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Is there an existing shop already at this location? If so, please list name and previous license #.

Name: \_\_\_\_\_ License # : \_\_\_\_\_

\*\*\*\*\*Please submit **bill of sale or lease agreement** if you are taking over ownership of an already existing shop.  
**We do not license individual booths/work stations within a shop as an individual shop.**

Applicant History:

Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation) or entered a plea of guilty, nolo contendere, or under the "First Offender Act," or been sanctioned by another board or agency? DUI and DWI are not minor traffic violations.

\_\_\_\_\_ Yes      \_\_\_\_\_ No      This application will be returned if you do not answer this question.

- If you answered "Yes" to the question regarding court convictions, you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole. Your application will not be processed until this information is received and reviewed by the Board.

- If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office. Your application will not be processed until this information is received and reviewed by the Board.

\_\_\_\_\_ Please check here if you answered yes to the question above and have already submitted the documentation to the Board within the past two years. If you have, it is not necessary to resubmit this information, **but new convictions must be submitted.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature      Commission Expires \_\_\_\_\_, 20\_\_\_\_

**Notary Seal**

---

Please list any additional owners and their addresses.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Physical Address (P. O. Box is not acceptable.)

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City / State/ Zip Code

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Physical Address (P. O. Box is not acceptable.)

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City / State/ Zip Code